| /،          | PAT   | CORD   | Application or Docket Number |  |                     |            |                         |             |                   |  |  |
|-------------|---|--|------------------------------|--|---------------------|------------|-------------------------|-------------|-------------------|--|--|
|             | Effective October 1, 2003  CLAIMS AS FILED - PART I                                   |  |                              |  |                     |            | SMALL ENTITY OTHER THAN |             |                   |  |  |
|             | TOTAL CL  | AIMS   | (C                           | olumn 1)                                   | (Column 2)          | TYPE       |                         | OF          | OTH<br>Smai       | ER THAN  |  |
|             | FOR   | FOR  |                              | MBER FILED                                 | NUMBER EXTRA        | RATE       |                         |             | RATE              | FEE  |  |
|             | TOTAL CHARGEABLE CLAIMS   |  |                              | 7 minus 20=                                | *                   | A BASIC F  | EE 385.00               | OO OR BASIC |                   | EE 770.00  |  |
|             | INDEPENDENT CLAIMS  |  |                              | minus 3 =                                  | * 7                 | X\$ 9=     | =                       | OR          | X\$18=            |  |  |
|             | MULTIPLE DEPENDENT CLAIM PÉ   |  |                              | T  |                     | X43=       |                         | OR          | X86=              | 1  |  |
|             | * If the difference in column 1 is I  |  |                              | eless than zero, enter "0" in column 2     |                     | +145=      |                         | OR          | +290=             |  |  |
|             |   | CLAIMS A   | S AMENI                      | MENDED DARD :                              |                     |            |                         | OR          | TOTAL             | <del>                                     </del> |  |
|             | 4   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3 |                              |  |                     |            | ENTITY                  | -<br>OR     | OTHE              | R THAN<br>ENTITY                                 |  |
|             | Total Independed  | REMAININ<br>AFTER<br>AMENDMEN                                | j                            | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO      | PRESENT             | 7          | ADDI-<br>TIONAL<br>FEE  |             | RATE              | ADDI-<br>TIONAL                                  |  |
| $\parallel$ | Independer  | * /  | Minus                        | # 2  | O =                 | X\$ 9=     | 1                       | OR          | X\$18=            | FEE  |  |
| $\parallel$ | FIRST PRE   | SENTATION OF   | Minus<br>MULTIPI F           | DEPENDENT OF                               | =                   | X43=       |                         |             | X86=              |  |  |
| 1           |   |  |                              | DEL FINDENT C                              | LAIM                | +145=      |                         | OR          |                   |  |  |
|             |   | •  |                              |  |                     | TOTAL      |                         |             | +290=             |  |  |
|             | (Column 1) (Column 2) (Column 3)  |  |                              |  |                     | ADDIT. FEE | (                       | OR AD       | TOTAL<br>DIT. FEE |  |  |
| ENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT                              | 1                            | HIGHEST<br>NUMBER<br>PREVIOUSI<br>PAID FOR | PRESENT<br>LY EXTRA |            | ADDI-<br>TIONAL         | Γ           | RATE              | ADDI-<br>TIONAL                                  |  |
|             | Total<br>Independent  | <del> </del> *   | Minus                        | **   | =                   | X\$ 9=     | FEE                     | -           |                   | FEE  |  |
| Ā           |   | ľ  | Minus                        | ***  | =                   | X43=       | o                       | ``          | \$18=             |  |  |
| -           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                              |  |                     |            | 0                       | R           | (86=              |  |  |
|             | . <b>[</b>  |  |                              |  |                     |            | 01                      | R +2        | 290=              |  |  |
|             | (Column 1) (Column 0) (O  |  |                              |  |                     |            | OI                      | R ADD       | TOTAL<br>IT. FEE  |  |  |
| ပ           |   | CLAIMS<br>REMAINING  |                              | (Column 2)                                 |                     |            |                         |             |                   |  |  |
| AMENDMENT   |   | AFTER<br>AMENDMENT   |                              | NUMBER<br>PREVIOUSLY<br>PAID FOR           | PRESENT EXTRA       | RATE TI    | NDDI-<br>ONAL           | R           |                   | ADDI-<br>IONAL                                   |  |
| END         | Total   | *  | Minus                        | **   | =                   | X\$ 9=     | EE                      | -           |                   | FEE  |  |
| AM          | Independent   | *  | Minus                        | ***  | =                   |            | OR.                     | X\$         | 18=               |  |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                              |  |                     | X43=       | OR                      | X8          | 6=                |  |  |
| ## H        | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                              |  |                     |            |                         | +29         | 0=                |  |  |
| !!          | The Highest Number D  |  |                              |  |                     |            |                         |             |                   |  |  |
|             | (votal of independent) is the highest number found in the appropriate box in column 1 |  |                              |  |                     |            |                         |             |                   |  |  |
| JKM         | M PTO-875 (Rev. 10/03)  |  |                              |  |                     |            |                         |             |                   |  |  |

Application or Docket Number